

# Title : 3D SPECT Cardiac Sequence Segmentation

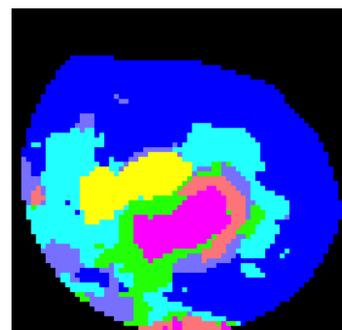
**Advisor** : Michel Desvignes, GIPSA-LAB, 0476826421 [Michel.desvignes@gipsa-lab.grenoble-inp.fr](mailto:Michel.desvignes@gipsa-lab.grenoble-inp.fr),

## Keywords :

Medical Imaging, Applied Mathematics, Programming

## Context

Cardiovascular diseases are the leading cause of mortality worldwide, with coronary diseases as the first provider of cardiovascular deaths. Nuclear medicine allows the diagnostic with myocardial perfusion scintigraphy (SPECT imaging). This could be significantly improved by determining coronary reserve (Coronary Flow Reserve, CFR), which corresponds to the maximum capacity of the myocardium to increase the coronary perfusion in response to exercise or pharmacological stress. The reference method of the CFR is invasive and requires the placement of intracoronary catheter. The CFR can also be determined from nuclear image sequences of perfusion (PET, MRI and 3D SPECT). Using new SPECT gamma cameras with efficient sensors Cadmium-Zinc-Telluride (CZT), it seems possible to measure the CFR.



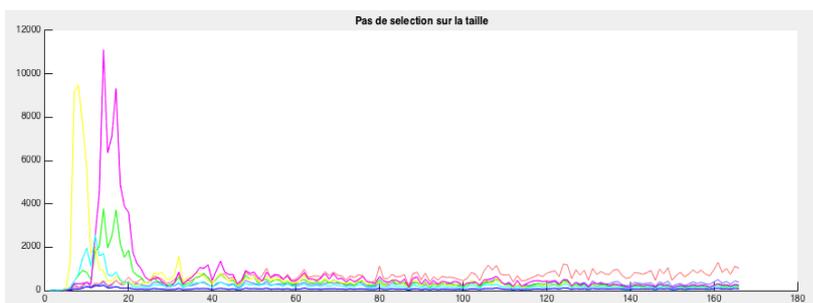
## Objectives

The main problems are the data analysis and the image processing steps. SPECT 3D sequences are quite noisy, their resolution and sensitivity is lower and the signal/noise is less favourable than PET imaging. From these sequences, we have to extract the spatial information: where is the Left ventricles (LV), the Right ventricles (RV) and the Myocardium (MY), and the average temporal signal in these objects.

A first manual analysis (Figure 1) of the image sequence gives several basic signals, including those corresponding to the ventricles (LV: yellow and RV: Parma). The myocardium is separated into 2 objects (pink and purple). It can be seen many false detections corresponding to similar time signals, especially at the edges.

An average signal of these areas gives access to the kinetics in the right ventricles, left and myocardium (Figure 2) and then the CFR can be computed.

The objective is to propose an automatic segmentation method. The weaknesses of the previous solution are intrinsic to ill-posed problems, which can only be solved by adding a priori information. We propose to study a 3D+t deformable model, with spatial constraints between the objects of interest (Right Ventricle, Left Ventricle, Myocardium). In



addition, the temporal dimension must be continuous and smooth. The coarse initial segmentation can be achieved through graph-cut and/or clustering tools..

## Laboratory :

Working Place : LRB (UMR\_S 1039) and GIPSA-LAB, Grenoble.  $\approx$  540 Euro monthly; can be continued in PhD

## References :

Montagnat J, Delingette H. : 4D deformable models with temporal constraints: application to 4D cardiac image segmentation. Med Image Anal. 2005 Feb;9(1):87-100.

T.F. Chan and L.A. Vese. Active contours without edges. Image Processing, IEEE Transactions on, 10(2):266– 277, Feb 2001.

Siqi Chen and Richard J Radke. Level set segmentation with both shape and intensity priors. In Computer Vision, 2009 IEEE 12th International Conference on, pages 763–770. IEEE, 2009.

Daniel Cremers. Dynamical statistical shape priors for level set-based tracking. *Pattern Analysis and Machine Intelligence, IEEE Transactions on*, 28(8):1262–1273, 2006.

Jonghye Woo, Piotr J Slomka, C-C Jay Kuo, and Byung-Woo Hong. Multiphase segmentation using an implicit dual shape prior: application to detection of left ventricle in cardiac mri. *Computer vision and image understanding*, 117(9):1084–1094, 2013.